

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598980

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		↓		↓	↓
TOTAL DEP.	14	◀		◀		◀
TOTAL CLAIMS	15	▀	▀	▀	▀	▀

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		◀		◀		◀
TOTAL CLAIMS		▀	▀	▀	▀	▀